

JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3332

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3070		Registrar's No. 87	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves		c. LENGTH OF STAY (in this place) 59		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves		4119	
d. FULL NAME OF HOSPITAL OR INSTITUTION 208 Euclid				d. STREET ADDRESS (If rural, give location) 208 Euclid			
3. NAME OF DECEASED (Type or Print) a. (First) BERT		b. (Middle) L.		c. (Last) KELLER		4. DATE OF DEATH (Month) (Day) (Year) Jan 9th, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 29th 1893	
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work or other usual mode of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Lumber		11. BIRTHPLACE (State or foreign country) Franklin Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Keller		13b. MOTHER'S MAIDEN NAME Rose Collins		14. NAME OF HUSBAND OR WIFE Rilla M. Keller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknowns) No.		16. SOCIAL SECURITY NO. 492-10-0431		17. INFORMANT'S SIGNATURE AND NAME ADDRESS Rilla M. Keller Webster Groves Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diseases of Coronary Arteries } I.E. CORONARY THROMBOSIS } ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. chronic bronchitis				INTERVAL BETWEEN ONSET AND DEATH 1/2 hour 4201 # years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 7-30, 1948, to Jan 9, 1950, that I last saw the deceased alive on Jan 9, 1950, and that death occurred at 11:15 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. M. Call		23b. ADDRESS M.D. 17, Mo		23c. DATE SIGNED Jan 9 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/11/50		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. 1-11-50		REGISTRAR'S SIGNATURE Herbert A. Donkey		25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith		ADDRESS 7450 Manchester Rd. Maplewood, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*J. B. Burgess*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.